

Licensure Bureau CERTIFICATE OF NEED PROGRAM MONTHLY REPORT July 2007

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	мтн	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
First Home Health Care	Bozeman	Establish home health service in Gallatin County	None reported	5/4/07	5/07	No	9/10/07					
Glendive Medical Center	Glendive	Relocate 16 licensed beds of GMC Extended Care Nursing Home	\$2,036,400.00	6/28/07	7/07							

LEGEND:

ASC Ambulatory Surgical Center H Hospital REC REQ-Reconsideration Hearing of Decision

CDU Chemical Dependency Unit HIS Indian Health Service REQ Request

CO County LOI Letter of Intent SNF Skilled Nursing Facility

CR Comparative Review LTC Long-Term Care TBA To Be Announced

DEC Decision MTH Month of Notice TBI Traumatic Brain Injury

DISMISS Appeal dismissed NH Nursing Home 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)

FAC Facility NR Non-Reviewable Project N Disapproval Y Approval or Yes

HHA Home Health Agency N/A Not Applicable DATES Month/Day/Year

Name of facility in $\ensuremath{\mathbf{BOLD}}$ indicates a new request for report month

^{*} First-year operating cost HHA